

STATE OF MONTANA — CERTIFICATE OF IMMUNIZATION

The original copy of this certificate is a permanent part of school and day care records.

Complete legal immunization requirements and legal penalties for those who fail to meet the requirements, are referenced in Section V. This specific form is required for ALL persons attending school or day care unless they commenced attendance in Montana before 1980. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Student's Name	Birthdate	Sex	Physician
Name of Parent/Guardian	Address (in pencil)	City (in pencil)	Telephone (in pencil) Home Work

SECTION II

IMMUNIZATION HISTORY

Valid only when filled out by School or Medical Personnel (*NOT to be filled out by the parent*).

Vaccine Type	Month, Day & Year of Each Dose					
	1	2	3	4	5	6
Polio (Oral: OPV or TOPV) (Injectable: IPV or EIPV)						
Diphtheria—Tetanus—Pertussis (DTP)						
Diphtheria—Tetanus (DT) - or - Tetanus—Diphtheria (Td)						
MMR (Measles—Mumps—Rubella) (Note: If combined MMR Vaccine is NOT used, please note individual vaccine types and dates in the "Other" section below. Example: Single Measles vaccine, MR vaccine, etc.)						
Hib						
Hepatitis B						
Hepatitis A						
Varicella - or history of chickenpox disease						
Other:						
Other:						

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____ Date _____
(Health department/Health care provider)

Signed: _____ Date _____
(Health department/Health care provider)

Signed: _____ Date _____
(Health department/Health care provider)

If filled out by school or day care personnel:

I CERTIFY this information has been transferred from acceptable documentation as stated in the Administrative Rules of Montana:

Signed: _____ Date _____
(School or Day Care Official)

Signed: _____ Date _____
(School or Day Care Official)

Signed: _____ Date _____
(School or Day Care Official)

(Please write legibly)